

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Cynthia Rokas, R.N.

Petition No. 2001-1015-010-063

REINSTATEMENT CONSENT ORDER

WHEREAS, Cynthia Rokas of Naugatuck, Connecticut (hereinafter "respondent") has been issued license number R50778 to practice registered nursing by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent voluntarily surrendered her license on November 24, 1998, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Respondent received her license on February 17, 1995. Petition No. 960620-010-046 against respondent alleged substance abuse, principally of alcohol. Respondent voluntarily surrendered her license on November 18, 1996, in resolution of the petition. On January 2, 1998, respondent's license was reinstated pursuant to a Reinstatement Consent Order dated December 16, 1997. Petition No. 981110-010-074 against respondent alleged abuse of morphine. On November 24, 1998, respondent voluntarily surrendered her license a second time.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-99(b) of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice as a registered nurse shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Immediately upon issuance, respondent's license shall be placed on probation for four years under the following terms and conditions:
 - A. Respondent shall not practice nursing until she has successfully completed a refresher course in registered nursing, to be pre-approved by the Department, and the Department has received proof of her successful completion. Said refresher course must include at least forty (40) hours of one-to-one supervised medications administration.
 - B. Respondent shall not administer, count, or have access to controlled substances at any place of employment until one year after such date as she commences practice as a nurse. In addition, respondent shall not administer, count, or have access to controlled substances during the refresher course unless she is directly supervised by a licensed nurse or other licensed health care professional authorized to administer controlled substances.
 - C. At her own expense, she shall engage in therapy and counseling with a Connecticut licensed or certified therapist (hereinafter "therapist") approved by the Department for the entire probationary period.

- (1) She shall provide a copy of this Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Department. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3B below, and by providing the reports described in paragraph 3C below.
 - (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his/her services.
- D. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
- (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens') at a testing facility approved by the Department, as

ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

- (2) She shall be responsible for notifying the laboratory, her therapist, and the Department of any drug(s) she is taking.
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first two years of probation and at least two such screens and reports every month for the remainder of the probationary period.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

- E. Respondent shall be responsible for the provision of written reports from her therapist directly to the Department every month for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.
- F. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- G. Respondent shall not be employed as a nurse for a personnel provider service, Assisted Living Services Agency, Homemaker - Home Health Aide Agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
- H. Respondent shall be responsible for the provision of written reports directly to the Department from her employer, so long as she is employed by a person or facility that has a license or permit issued by the Department Of Public Health, and if respondent is employed as a nurse then by her nursing supervisor (i.e., Director of Nursing), every month for the entire period of her probation. Respondent shall provide a copy of this Consent Order to any and all such employers during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order.) Employer reports shall include documentation of respondent's ability to safely and

competently practice her work and shall be issued to the Department at the address cited in paragraph 3L below.

- I. Respondent shall attend “anonymous” or support groups an average of eight (8) times per month and shall provide monthly reports of her attendance to the Department.
- J. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent’s instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
- K. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- L. All correspondence and reports shall be addressed to:

Bonnie Pinkerton
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

- 4. Any violation of the terms of this Consent Order without prior written approval of the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
- 5. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
- 6. Respondent shall notify the Department of any change in her employment within fifteen (15) days of such change.

7. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
8. In the event respondent is not employed as a registered nurse for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.
9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
10. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board Of Examiners For Nursing in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by

the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
13. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
14. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
15. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
16. Respondent has the right to consult with an attorney prior to signing this document.
17. This Reinstatement Consent Order is a matter of public record.

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I, Cynthia Rokas, R.N., have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Cynthia Rokas, R.N.
Cynthia Rokas, R.N.

Subscribed and sworn to before me this 20th day of November 2001.

NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2005

Linda L. Lynch
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 28th day of November _____ 2001, it hereby ordered and accepted.

Debra J. Turcotte
Debra J. Turcotte, Director
Division of Health Systems Regulation

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Nancy S. Beford
Board Of Examiners For Nursing
Dec 5, 2001
Date